

The Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH) - NCHA task force met on December 5, 2003.

Don Willis of DMH began the meeting with several announcements. No inquiries have been posted to their web site area regarding the DMH/DMA memo of October 22. Those with questions are advised to post them to the site at <http://www.dhhs.state.nc.us/mhddsas/> as the site will soon be discontinued.

The Division is working on implementing the pilot program for first level involuntary commitment examinations (HB 883). Qualified Area Programs will apply by Dec. 31, 03. The project will begin in February 04. The pilot will sunset at the end of 2006. It was reported that some hospitals have indicated that the list of providers qualified to perform first level examinations ought to be considered for expansion to include physician extenders. Mr. Willis indicated that passing HB 883 was a difficult, contentious process. Mr. Vicario suggested that continuing discussions regarding manpower-related issues ought to occur in this group, perhaps at the subcommittee level.

The Division is now developing a utilization management process, and expects to have draft criteria available for review in January of 2004. Five LMEs are working with the Division to develop the draft criteria. The draft UM process will be issued for comment in January, and once finalized will be applied on a statewide basis. Service definitions (including provider qualifications for new services) are also expected to be available in January. There will be no changes to the inpatient hospital service definition. It was suggested that the DMH handout from the previous meeting, which explained "detox" as an available service, also specify that inpatient and rehabilitative services be included within that definition. The rate methodology for non-inpatient services is being refined and thus the rates will not be included in the January edition of the service definitions.

The Division is continuing to refine the contract between the Division and LMEs, as well as the contract between LMEs and network providers. The state is having to deal with differences in LME size, location, and population etc. while also establishing a uniform set of expectations. Additional LME issues will be addressed through the Local Business Plan approval process. Provider qualifications, addressing statewide requirements for uniformity, will be in place by July of 2004.

Discussion continued on the patient acuity issues raised in the previous meeting. One hospital is closely tracking wait times in its emergency department. While it is clear that these times are increasing, additional and specific information on where the bottlenecks are will hopefully be gained. Towards addressing the ED concerns, it was agreed that a meeting of those involved be established, including law enforcement, state and community hospital representatives, DMH and NC Council representatives and the NCHA. Mr. Willis will meet with association representatives to establish the group.

The group also discussed those slots that would be needed for the financing issues subcommittee, which will review reimbursement and payment issues related to community hospitals' participation in the state reform process. That subcommittee will include two financial representatives from community hospitals with inpatient psychiatric services, a representative from the Division of Medical Assistance and from its consultant, Myers & Stauffer, one person from the State Controller's office, a Community Hospital Psychiatric Unit Director, and a director and an adult mental health specialist from an Area Mental Health Program.

The next meeting was scheduled for 1 p.m. on January 29 at the NCHA offices in Cary.